POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	_Bn_	_37_	_9/2_ _8-6-00_
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		_ldSoo_	_10-30_

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Claim Original	Date										Claim Final	Claim Original	Date										Claim Final	Claim Original	Date									
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	49												99												149										
	50												100												150										

If more than 150 claims or 10 actions
staple additional sheet here

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